

Down but not out



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It has been a long hot summer, I feel we've gone back to the 70's or 80's when summers were always hot and sunny, we had hose pipe bans — and an amazing Royal Jubilee, Kate Bush was in the charts and we were all wearing floaty long dresses or starting to put shoulder pads in everything. We also had the winter of discontent when so many industries went on strike — and it's starting to feel like we are in for another cold hard winter just like that one — but with the after effects of the COVID-19 pandemic overlaid onto it. People making a choice between heating and eating — especially our frail elderly population; we may well see increases in homelessness as people fall behind with spiralling mortgage costs. This being the case how do we continue to provide care for these our most vulnerable of patients?

Everywhere you go you hear about the staffing crisis, we don't have enough staff, we can't recruit staff and even when we do, we can't keep hold of them. Acute services are backlogged, you can't get through the door with, in many instances patients sitting queueing in ambulances just outside the hospital and then waiting inordinate amounts of time in A&E. We try really hard to avoid admitting patients, keeping them in their own homes for as long as possible, but do we have the health and care packages in place to support this — no not at all. A

recent government report (UK Parliament, 2022) describes it as:

“...facing the greatest workforce crisis in the history of the NHS and social care, compounded by the absence of a credible government strategy to tackle the situation.”

In the NHS, persistent understaffing poses a serious risk to staff and patient safety in routine and emergency care. The NHS Staff survey for 2021 (Survey Coordination Centre, 2021) shows desperate results around how valued staff feel with only 51.9 % of staff being satisfied with the recognition they get for good work, a decline of more than 5% compared with 2020 (57.2%) and the lowest for five years (2017: 52.8%, 2018: 56.5%, 2019: 58.0%; Survey Coordination Centre, 2021). Even less (42.1%) were satisfied with the extent to which their organisation values their work, down around 6% from 2019/2020 (48.0%), and the lowest for five years (2017: 43.0%, 2018: 46.1%) Scores around the ability to work safely also showed poor results – see figure 1 and nurses and nursing support staff show the 2nd and 3rd highest reported feelings of burn out (*Figure 1–2*).

What does all this mean for both our staff and our patients? Our staff are drained, demoralised

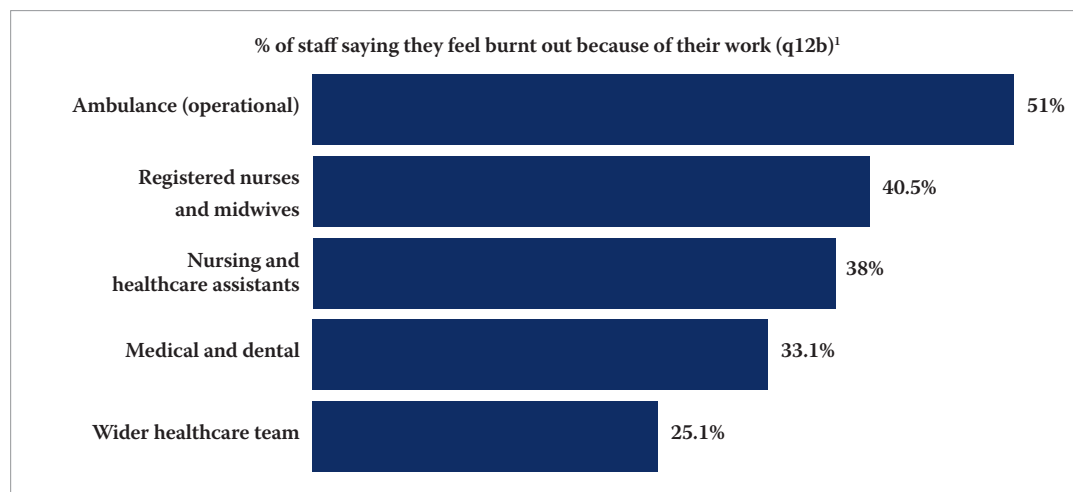


Figure 1. Health and safety climate adapted from Survey Coordination Centre (2021)

"Everywhere you go you hear about the staffing crisis, we don't have enough staff, we can't recruit staff and even when we do, we can't keep hold of them."

Workload and resources

- 43.2%** of staff are able to meet all the conflicting demands on their time at work (q3g)
 - Having improved between 2017 and 2020 this has declined over 4 percentage points and is now at a five-year low (2017: 44.4%, 2018: 44.9%, 2019: 46.1%, 2020:47.7%)
- 27.2%** of staff said there are enough staff at their organisation for them to do their job properly (q3i)
 - This declined over 11 percentage points since last year (2020: 38.4%) and by over 16 percentage points amongst staff at the Ambulance trusts (2020: 36.7%, 2021: 20.3%)
- 23.5%** of staff say they never or rarely have unrealistic time pressures (q5a)
 - This declined this year but remains higher than in 2018/2019 (2018: 22.0%, 2019: 22.9%, 2020: 25.2%)
- 57.3%** of staff say they have adequate materials, supplies and equipment to do their work (q3h)
 - This is down 3 percentage points compared to 2020 (60.3%) but remains higher than the preceding years (2017: 54.2%, 2018: 54.6%, 2019: 56.1%)

Figure 2. The percentage of staff saying they feel burnt out because of their work adapted from Survey Coordination Centre (2021)

and often struggling to do their best. Our patients are placed at increased/increasing risk — what skin care is happening when they are waiting in that ambulance or in the A & E, how good are the resources (a wide enough trolley, room to use moving and handling equipment?) to support skin inspection, even if you have enough staff with the right knowledge and skills to do it? Will their skin/wound care needs be picked up and correctly diagnosed, or will they be another case of 'bilateral cellulitis' inappropriately prescribed antibiotics by an overworked junior A&E doctor? Do our community healthcare professionals have time to keep up to date with changes in evidence let alone make changes in their practice and follow evidence-based pathways of care, fighting the bureaucracy involved in getting longer visits to do a thorough assessment and get referrals through into acute? Despite all the negative press, yes! our amazing NHS clinicians are doing some fabulous things, we are seeing massive changes in practice, organisations embracing pathways as they realise that it's short-term pain for long-term gain. Getting the patient to see the right clinicians and started on the right pathway, which ultimately gives better outcomes for patients, staff and the organisations. We are already seeing specialist teams planning for Stop the Pressure Day in November, coming up with creative ways of raising the profile of pressure ulcer (PU) prevention not just for health and care colleagues

— but also the general public. We have started to receive abstract submissions for Harrogate — do keep them coming! — and there is a huge amount of quality improvement work happening, massive service redesigns through to small local changes with great patient impact. We need to keep hold of this positive, because we are going to need it to see us through! Tissue viability has always been a creative, flexible and resilient speciality and this is so evident at the moment, finding ways to keep our patients and colleagues safe and well cared for.

It is important to look after yourself and your colleagues, which seems impossible sometimes given the pressures we are under, but it has been great to see so many tissue viability colleagues participating in the @WeNurses #nursesactive challenge and seeing how many of you report it as 'me time', time to clear your head, reflect, decompress, whether you activity is a gentle stretch in front of the TV or a hike up a mountain, or if you don't enjoy the active, maybe you are the creative type making your own wound models, or making up interactive games, which every way you go remember to find that time to have your headspace and recharge your batteries. Hopefully you all finally got that 2 year postponed much longed for holiday, whether abroad or just in the UK it is much deserved.

Take care of yourselves, and take a big deep breath, winter is coming, remember your TV colleagues are all here to support you, no one will judge you for asking for help.



REFERENCES

Survey Coordination Centre (2021) NHS Staff Survey. National results briefing 2021. <https://tinyurl.com/2p8z7b63> (accessed 28 August 2022)

UK Parliament (2022) Persistent understaffing of NHS a serious risk to patient safety, warn MPs. <https://www.bbc.co.uk/programmes/m0016tzt> (accessed 28 August 2022)